

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

QUALIFICATION FOR FARMING LIMITED LIABILITY COMPANY

Please Type or Print Clearly in Ink

No Filing Fee

Telephone # _____

FAX # _____

1. The name of the Limited Liability Company is _____

2. The state of organization _____

3. The South Dakota Registered Agent name _____

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
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Mailing Address (Optional – Required to be a South Dakota Address)	City	State	ZIP+4
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4. List the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the Limited Liability Company and used for the growing of crops or the keeping or feeding of poultry or livestock:

County	Section	Township	Acre
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County	Section	Township	Acre
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County	Section	Township	Acre
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County	Section	Township	Acre
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5. The names, addresses and title of the members and/or manager(s). Please place a check mark next to the name if the person is a manager.

<input type="checkbox"/>	Name	Street Address	City	State	ZIP+4
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<input type="checkbox"/>	Name	Street Address	City	State	ZIP+4
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<input type="checkbox"/>	Name	Street Address	City	State	ZIP+4
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<input type="checkbox"/>	Name	Street Address	City	State	ZIP+4
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<input type="checkbox"/>	Name	Street Address	City	State	ZIP+4
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<input type="checkbox"/>	Name	Street Address	City	State	ZIP+4
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6. Please check which applies to this Limited Liability Company:

- ☐ This is a Family Farm
- ☐ This is an Authorized Farm

7. Please complete the appropriate section:

Family Farm	The NUMBER OF MEMBERSHIP INTERESTS owned by person(s) residing on the farm or actively operating the farm, or who has resided on or has actively operated the farm, or their relatives within the third degree of kindred, or by resident stockholders who are family farmers and are actively engaged in farming as their primary economic activity. Note: Degree of kindred is defined as the number of generations with each generation being a degree (SDCL 23A-20-30)	_____
Authorized Farm	The PERCENTAGE of gross receipts of the company derived from rent, royalties, dividends, interest and annuities. Note: Percentage amount cannot exceed 20% of its gross receipts.	_____ %

8. The name, address and number of membership interests owned by each member

Name	Address	City	State	Zip	Shares	Kindred
Name	Address	City	State	Zip	Shares	Kindred
Name	Address	City	State	Zip	Shares	Kindred
Name	Address	City	State	Zip	Shares	Kindred
Name	Address	City	State	Zip	Shares	Kindred
Name	Address	City	State	Zip	Shares	Kindred

Dated _____

(Signature of an authorized officer)

(Printed Name)

(Title)